



Journey 24-7 AwanaGames

We are looking forward to an exciting day for the Journey 24-7 AwanaGames. Please remember these key things in order for our day to bring glory to His Name.

Invite Family and Friends

Remember to invite, encourage, and bring family and friends. Many family and friends are encouraged for next year's event being impressed at this year's AwanaGames. Please don't settle for just getting there with a team.

Registration

A Registration form accompanied by a registration fee and personnel sheet is required. Until the registration fee is paid, a team cannot be officially registered. Teams are accepted on a "first-come, first-paid" basis.

Rulebooks

Journey 24-7 AwanaGames rulebooks are available for download at www.AwanaFL.com.

Check-in

Teams and Staff should arrive 1 hour prior to their scheduled start time! A table will be set up for the coaches to report to when they arrive. Roster sheets will be checked along with the permission slips. The check-in table will be open the entire day up to the time of the start of the competition. Check-in time is at 1:30 PM. Games begin at 2:30 PM.

Permission Slips

A permission slip with emergency medical authorization is mandatory for all players. It is recommended that the permission slip be notarized. *Please have these arranged in the order that the names are listed on the roster sheet when checking in your teams.* You may use a permission slip from your church or the permission slip provided in the Commander Notebook.

Note: Players that have serious pre-existing medical conditions must have a signed consent and a letter from the parent detailing the medical condition and the treatment for the condition. At least one parent must also be present at the event. In addition, you must notify our Event Coordinator of this at least 2 weeks before the event.

Qualifications of Team Members

- All Journey members in 9th through 12th grades who have not reached their 19th birthday by September 1, prior to the meet may participate.
- All Journey members must complete current *Faith's Foundations* by day of meet.
- If short of players, Trek members who have met Trek requirements may be substituted for high school guys and girls respectively at local Journey and AwanaGames (only)

Dress Code

Team members must wear athletic pants or sweatpants.

Have Extra Players or Need Players?

Notify the coordinator and he/she will advise you about bringing any of your extra team members. Please report to the check-in desk if you are short team members or have extra team members on the day of competition. Some churches in each area may be a little short and would fill a team with another club's extras. Make sure they have a signed permission slip.

Admission

Admission is FREE for everyone!

Journey 24-7 AwanaGames Registration Form

February 13, 2010



Bible Baptist Church
1500 E Vine St
Kissimmee, FL

Check-in Time – 1:30 PM
Competition starts – 2:30 PM

Number of Teams: One Two

First Choice of Team Color

Red Blue Green

Second Choice of Team Color

Red Blue Green



- *We cannot guarantee team color*
- *Early registrations have a better chance of getting their preference*
- **Team members must wear athletic pants or sweatpants**

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|----------------------------|--------------------|----------------|-------------|-----------------|
| Church Information | Church Name | | City | |
| | | | | |
| Contact Information | Name | Address | City | Zip Code |
| | | | | |
| | Phone | Email | | |
| | | | | |

_____ # of Teams @ \$50.00 each\$ _____
(Registration & Payment sent on or before 1/14/10)

_____ # of Teams @ \$75.00 each\$ _____
(Registration & Payment sent after 1/14/10)

Total Payment Due.....\$ _____

Date Payment is postmarked....._____

Make checks payable to:
Awana Clubs International

Please mail to:
Florida Awana
PO Box 704
Valrico, FL 33595

Online Registration is available at:
www.AwanaFL.com



I agree to provide at least **One Line Judge** and **One Scorekeeper** for each team registered. Teams cannot play without submission of these volunteers. Exceptions are to be cleared by the AwanaGames Coordinator.

(Signed)

Office Use Only:

Date Postmarked: _____

Check Number: _____ Amount: _____

Parental Permission & Medical Release

Child's Name _____

Address _____

Birth date _____ Phone _____

Emergency person and phone _____

I (we) give permission for my child to participate in the Awana Event to be held at _____.
I (we) also understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Parent/Guardian signature

Date

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

Notary Public

Affix Notary Seal

| |
|--|
| STATE OF FLORIDA County of _____ The foregoing instrument was acknowledged before me this _____ Day of _____ 20_____ By _____ <input type="checkbox"/> PERSONALLY KNOWN TO ME <input type="checkbox"/> PRODUCED AS IDENTIFICATION _____ Type of identification |
|--|

Notary Public, State of Florida at Large